

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **28480**

Registration District No. **391**

Primary Registration District No. **4230**

Registrar's No. **53**

1. PLACE OF DEATH

(a) County Iron  
(b) City or town Ironton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether)  
In this community 0 years, months or days

3. (a) PRINT FULL NAME Missouri Louisa Foster

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color Black 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

7. Birth date of deceased March 10 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 22 If less than one day hr. min.

9. Birthplace Iron County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Robert Foster  
13. Birthplace Louisiana  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Gregory  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Alda Foster  
(b) Address Fredericktown Mo.

17. (a) Burial (b) Date thereof Aug. 4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Littleline Cem. Mad Co

18. (a) Signature of funeral director Ed. Hyslop  
(b) Address Fredericktown, Mo.

19. (a) Aug. 5-41 (b) Julia A. Burton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison  
(c) City or town Fredericktown  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2 year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 22, 1941, to Aug. 2, 1941; that I last saw her alive on Aug. 2, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 6 mos.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Metastatic carcinoma of spine  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ⓓ

23. Signature Bru M. Bull (M. D. or other) M.D.  
Address Ironton, Mo. Date signed 8-7-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

7  
1  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Fredericktown

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**